

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
SMALL BUSINESS RESERVE
EXEMPTION SOLICITATION REVIEW AND APPROVAL FORM**

ADPICS/OPASS No: _____

Description of Service: _____

☐ **Solicitation** ☐ **Sole Source** ☐ **Other** _____

Dollar Amount: _____

Administration: _____

Contact: _____ **Phone:** _____

Justification for Exemption Request:

Your justification factors should include available SBR vendors certified by the DGS to perform the services you are soliciting. There should be no mention of subcontracting opportunities. The SBR Program applies to opportunities at the prime contracting level.

Recommendation:

☐ **Approved as submitted**

☐ **Denied:**

☐ Stated justification is insufficient. Recommended _____

☐ Failure to include justification.

☐ Other (see comments)

Date Reviewed by OPASS Small Business Reserve Review Group: _____

Director of OPASS: _____

Date: _____

Director of MBE: _____

Date: _____

Please attach your DGS Small Business Reserve list

To obtain a list, visit <https://emaryland.buyspeed.com/bsr/>

| Searches | Number of Vendors |
|---|-------------------|
| <i>If no Small Business Reserve vendors exist for this contract, attach a list of those companies which will be directly solicited.</i> | |
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